



C&C Homeopathy Education

Laura Carlsson, C. Hom

Offering homeopathic consultations, and monthly educational classes

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candchomeopathyeducation.com

Consultations:
\$40/initial
\$20/follow-up

Health Profile

Name _____
Date of Birth (DOB) _____ Age _____ Sex _____
Place of Birth _____
If Child, Parent(s) Name: _____
Parent(s) DOB: _____
Address _____
City _____ State _____
Zip Code _____ Country _____
Phone (home) _____ (other) _____
Email: _____
How did you hear about us? _____ Who referred you? _____

Living / Household Arrangements:

Married _____ Separated _____ Divorced _____ Widowed _____ Single _____ Cohabiting _____

Live with:

Spouse _____ Parents _____ Relatives _____ Friends _____ Alone _____ Other _____

Pets (list) _____

Occupation _____ Full or Part Time _____

Retired _____ Military Service: Where did you serve? _____

When did you serve? _____

Did you get injuries, vaccinations or treatments of any kind? _____

Are you familiar with, or have you ever had Homeopathic or Naturopathic Therapies?

YOUR CHIEF COMPLAINTS: In your opinion, what are your most important health problems? List as many as you can in order of severity:

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Comments about your most important health problems:

To analyze your case, very specific information is needed to come up with homeopathic remedies, herbal tinctures and other things to support you. Please take the time to fill this out and return it as soon as you can.

Health Issues & Background: • Have you had any health conditions (physical or emotional), as well as surgeries in the past? Please detail, including when it began, what was going on in your life at that time (include emotional events that impacted you) and any other details you feel are important.

• Have you had any previous reactions to vaccinations or drugs? Please explain and list exact drug or vaccination.

Have you had the SARS-CoV-2 Vaccine? _____ Date _____ Brand _____ Boosters, if any _____

Mental/Emotional State: • How do you feel emotionally on a day to day basis? Please detail and include any information on prior events that may have impacted you being in this current state.

• Do you have any physical symptoms with this emotional state? Please detail.

Head Injury: • Did you ever have a head injury, concussion or been knocked unconscious? Explain with date.

• Any results / issues that remain since this injury? Include emotional.

Sleep: • Do you have trouble falling asleep or staying asleep?

• If you wake in the middle of the night, what time do you wake up?

• When you cannot sleep what is going through your mind?

• Do you wake up refreshed and ready to start your day?

Medications, Vitamins, Remedies: • Are you sensitive to medications, remedies, etc.? Are you a sensitive person in general?

• List vitamins, supplements, herbs, as well as any prescription and non -prescription medications you are currently taking. Include the reason you are taking them.

• Do you use any type of substances or recreational drugs? Include what type and how often.

• What homeopathic remedies were previously taken or currently taking and results from each?

Foods and Eating: • What type of foods do you crave or gravitate to? (Not what you should eat or make yourself eat, but what you would like to eat if you could eat anything.)

• What type of drinks do you like to drink?

• Are you a thirsty person (liquids), moderately thirsty or are you rarely thirsty?

• Do you want ice in your drinks?

Bowels/Kidneys: • Do you get diarrhea or are you constipated? Please explain.

• Any difficulties with urinating/ your kidneys? Please explain.

About You: • Please describe yourself briefly so I can understand your temperament, values, goals, interests, hobbies, etc. Feel free to add anything else here that you think is important or relevant including any major changes in your life.

• If you could do a general timeline of your life (birth to today) this could be very insightful and very helpful to homeopathic treatment. Try to correlate what was going on in your life around the time your physical/emotional issues began.

Disclaimer:

US law demands this statement: "FOR DIAGNOSIS AND TREATMENT OF DISEASE YOU MUST CONSULT A MEDICAL DOCTOR". The services, therapies and products herein discussed are not intended to diagnose, treat, cure or prevent disease, physical or mental and only intended to educate and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Signature (parent if child is under 18)

Printed Name _____

Date _____